

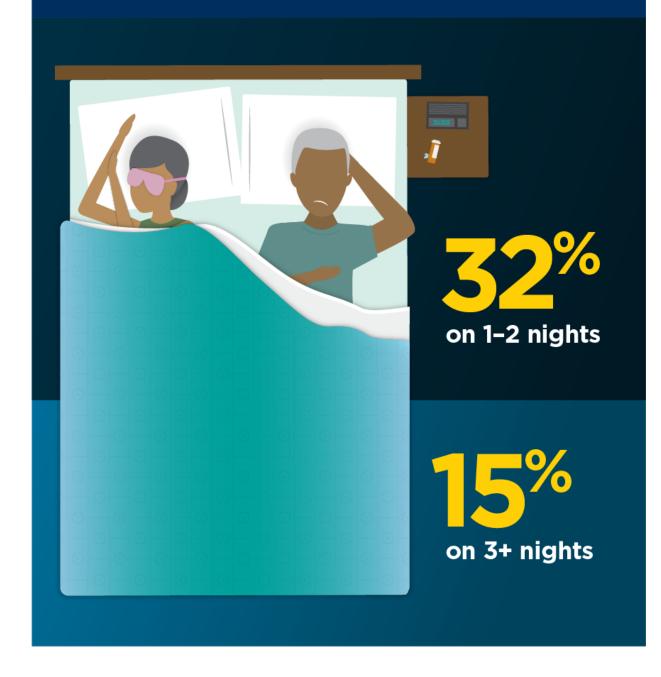
One in three older adults take something to help them sleep but many don't talk to their doctors

September 27 2017



Trouble Falling Asleep in a Typical Week

Among Adults Age 65-80 (nights/week)



The percentage of Americans age 65-80 who report trouble falling asleep. Credit: University of Michigan



Sleep doesn't come easily for nearly half of older Americans, and more than a third have resorted to some sort of medication to help them doze off at night, according to new results from the National Poll on Healthy Aging.

But most poll respondents said they hadn't talked to their doctor about their sleep, even though more than a third said their sleep posed a problem. Half believe—incorrectly—that <u>sleep problems</u> just come naturally with age.

The poll was conducted by the University of Michigan Institute for Healthcare Policy and Innovation, and is sponsored by AARP and Michigan Medicine, U-M's academic medical center.

Those who turn to medications may not realize that prescription, overthe-counter and even "natural" sleep aids carry health risks, especially for older adults, either alone or in combination with other substances. In fact, <u>national guidelines</u> strongly warn against prescription sleep medicine use by people over age 65.

Despite this, the nationally representative poll of people ages 65 to 80 finds that 8 percent of older people take prescription sleep medicine regularly or occasionally. Among those who report sleep troubles three or more nights a week, 23 percent use a prescription sleep aid. Most who use such drugs to help them sleep had been taking them for years. Manufacturers and the U.S. Food and Drug Administration say such drugs are only for short-term use.

Medication: not the only option

"Although sleep problems can happen at any age and for many reasons, they can't be cured by taking a pill, either prescription, over-the-counter or herbal, no matter what the ads on TV say," says poll director Preeti

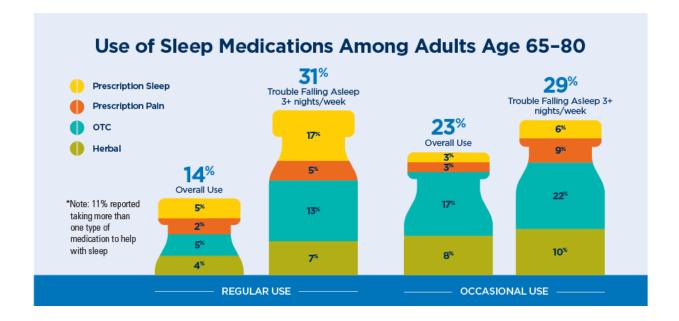


Malani, M.D., a U-M physician trained in geriatric medicine. "Some of these medications can create big concerns for older adults, from falls and memory issues to confusion and constipation," even if they're sold without a prescription.

"The first step for anyone having trouble sleeping on a regular basis should be to talk to a doctor about it," she continues. "Our poll shows that nearly two-thirds of those who did so got helpful advice - but a large percentage of those with sleep problems simply weren't talking about it."

She notes that non-<u>medication</u>-based <u>sleep habits</u> are the first choice for improving sleep in older people. Sleep and health

In all, 46 percent of those polled had trouble falling asleep one or more nights a week. Fifteen percent of the poll respondents said they had trouble falling asleep three or more nights a week.



This image shows what older Americans (age 65-80) are taking to help them get to sleep. National guidelines recommend that prescription sleep aids not be used



by people in this age group. Credit: University of Michigan

Other health conditions can contribute to sleep difficulties. Twenty-three percent of poll respondents who had trouble sleeping said it was because of pain. And 40 percent of those with frequent sleep problems said their overall health was fair or poor. Other reasons for sleep troubles included having to get up to use the bathroom at night, and worry or stress.

Insomnia and other irregular sleep patterns can interfere with daytime functioning, and are associated with memory issues, depression and an increased risk of falls and accidents. Even so, many said they didn't see sleep issues as a health problem - in fact, this belief was the most common reason that poll respondents said they didn't talk to their doctor about sleep.

This also highlights the need for doctors to ask their older patients about their sleep habits and what they're doing to address any issues they may be having

"We know that sleep is a critical factor for overall health as we age, and this new research highlights sleep problems as both a significant health issue for older adults and an underacknowledged one both by patients and their providers," says Alison Bryant, Ph.D., senior vice president of research for AARP. "We need to help people understand that lack of sleep is not just a natural part of aging."

More about medication use

In all, 14 percent of the poll respondents said they regularly took a prescription sleep medication, prescription pain medication, OTC sleep aid or herbal supplement to help them sleep. Another 23 percent took



one of these options occasionally; most of the occasional users said they chose OTC sleep aids.

The most recent Beers Criteria established by the American Geriatrics Society, which guides the use of medications among older people, gives a strong warning against use of prescription sleep drugs, which are sold under such names as Ambien, Lunesta and Sonata.

Meanwhile, even though OTC sleep aids can be purchased without a doctor's guidance or prescription, they still carry health risks for older people, Malani notes. Most of them contain diphenhydramine, an antihistamine that can cause side effects such as confusion, urinary retention and constipation.

Among poll respondents with frequent sleep problems who took something occasionally to help them sleep, OTC sleep remedies were the most common choice. But among those with frequent sleep issues who took something on a regular basis to try to sleep, prescription sleep medications were the most common option, with 17 percent reporting use.

Use of melatonin and other herbal remedies may be perceived as safer, but less is known about their potential side effects and they are not subject to the FDA's approval process for medications, says Malani. But any issue that prompts someone to buy an OTC or herbal remedy on a regular basis is something they should discuss with their doctor, she adds.

The poll results are based on answers from a nationally representative sample of 1,065 people ages 65 to 80, who answered a wide range of questions online. Questions were written, and data interpreted and compiled, by the IHPI team. Laptops and Internet access were provided to <u>poll</u> respondents who did not already have it.



A full report of the findings and methodology is available at <u>www.healthyagingpoll.org</u>

Provided by University of Michigan

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